FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | (See instructions) | | Office use only | |
|--|---|---|--|--|
| NAME OF COMMITTEE (in fi | (Check if name is changed) | Example: If typying, type over the lines | 12FE4M5 | |
| Friends of Day | e Reichert | | | |
| | | | | |
| ADDRESS (number and si | P. O. Box 53322 | | | |
| (Check if addre is changed) | ss Bellevue | | | |
| | | CITY▲ | STATE▲ ZIP CODE ▲ | |
| COMMITTEE'S E-MAIL dave@davereic | ADDRESS hertforcongress.com | | | |
| | | | | |
| COMMITTEE'S WEB F | PAGE ADDRESS (URL) | | | |
| http://www.davereichertforcongress.com/ | | | | |
| | | | | |
| COMMITTEE'S FAX NI 425-641-5899 2. DATE 0 9 | UMBER | | | |
| | | C 000007777 | 1 | |
| 3. FEC IDENTIFICATION NUMBER C C00397737 4. IS THIS STATEMENT X NEW (N) OR AMENDED (A) | | | | |
| I certify that I have examin Type or Print Name of T | ed this Statement and to the best of my kno | owledge and belief it is true, correct an | id complete | |
| Signature of Treasurer | Electronically Filed by Paul Kilgo | ore | Date 07 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| NOTE: Submission of fals | e, erroneous, or incomplete information ma | y subject the person signing this State | • | |
| Office Use Only FE3AN042.PDF | | For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | |